

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: ANNAS HOUSE 2 (0009766)

Address: 5449 CTY K, NEW FRANKEN, WI 54229

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095248 **End Date:** 06/27/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007181 Served 07/22/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(f)	RESIDENT BELIEVED TO BE INCOMPETENT		
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT		
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION		
83.33(4)(a)	PERSONAL CARE		
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA		

Survey ID: 0095255 **End Date:** 06/27/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0094378 End Date: 02/10/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007131 Served 04/02/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(2)(a)5	CLIENT GROUP TO BE SERVED	06/23/2005	Yes
83.11(3)(a)	RESPONSIBILITIES	06/23/2005	Yes
83.14(1)	TRAINING	06/23/2005	Yes
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	06/23/2005	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	06/23/2005	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	06/23/2005	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	06/23/2005	Yes
83.14(7)(b)	CONTINUING EDUCATION	06/23/2005	Yes
83.17(1)	RESIDENT FUNDS-AUTHORIZATION	06/23/2005	Yes
83.17(3)(a)3	WRITTEN REPORT OF RESIDENT'S ACCOUNT	06/23/2005	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	06/23/2005	Yes
83.21(4)(g)	FAIR TREATMENT	06/23/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	06/23/2005	Yes
83.32(2)(b)	DEVELOPMENT	06/23/2005	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	06/23/2005	Yes
83.33(4)	CLIENT GROUP SPECIFIC SERVICES	06/23/2005	Yes
83.33(4)(b)	INDEPENDENT LIVING SKILLS	06/23/2005	Yes
83.55(4)(b)3	EXTENSION CORD RESTRICTIONS	06/23/2005	Yes

Survey ID: 0094451 End Date: 02/08/2005 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007091 Served 04/02/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	04/13/2005	Yes

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For the period 06/01/2003 to 05/31/2006
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CLASS CNA (NONAMBULATORY)

Survey ID: 0094146 **End Date:** 01/25/2005 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007112 Served 02/21/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(1)	NOTIFICATION OF CHANGES & INCIDENTS	06/23/2005	Yes
83.21(4)(g)	FAIR TREATMENT	06/23/2005	Yes
83.31(2)	SERVICES	06/23/2005	Yes
83.32(1)(a)	ASSESSMENT AND ISP	06/23/2005	
83.32(2)(d)	REVIEW OF PROGRESS	06/23/2005	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	06/23/2005	
83.33(4)(a)	PERSONAL CARE	06/23/2005	
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	06/23/2005	

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 07/22/2005 SOD #10007181 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.32(1)(a)
FORFEITURE---83.33(2)(g)
FORFEITURE---83.33(3)(f)
FORFEITURE---83.33(4)(a)
FORFEITURE---83.33(4)(h)

Date: 04/01/2005 SOD #10007131 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
PROVIDE TRAINING
FORFEITURE---83.19(3)(c)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.32(2)(b)
FORFEITURE---83.32(2)(c)1
FORFEITURE---83.33(4)
FORFEITURE---83.55(4)(b)3

Date: 02/17/2005 SOD #10007112 Appealed: No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
FORFEITURE---83.19(1)
FORFEITURE---83.21(4)(g)
FORFEITURE---83.31(2)
FORFEITURE---83.32(2)(d)
FORFEITURE---83.33(4)(a)
FORFEITURE---83.33(4)(h)

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Provider Inspection Summary

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 02/07/2005

Date Investigation Completed: 03/09/2005

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10007131

Date Complaint Received: 02/02/2005

Date Investigation Completed: 03/09/2005

Subject Area(s)

RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
MEDICATIONS

Result

SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10007131
10007131

Date Complaint Received: 02/01/2005

Date Investigation Completed: 03/09/2005

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

10007131
10007131

Date Complaint Received: 12/14/2004

Date Investigation Completed: 01/31/2005

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

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